



NORTHLAND COMMUNITY & TECHNICAL COLLEGE

Health & Human Services Immunization Record for Clinical/Fieldwork Participation

PART 1: PERSONAL INFORMATION			
Last name:	First Name:	Date of Birth:	Tech ID and Star ID:
Street Address:			Home Phone:
City:	State:	Zip:	Cell Phone:

PART 2: REQUIRED IMMUNIZATIONS – To be completed by a healthcare provider who must also complete and sign part 4.

TETANUS-DIPHTHERIA: Booster must have been given within the past 10 years ___/___/___ (Tdap) OR ___/___/___ (Td)	
MEASLES, MUMPS, RUBELLA (MMR) (1) ___/___/___ (2) ___/___/___ 2 doses required at least 1 month apart. First does must be given on or after one year of age; and after 1971 for combined MMR vaccine or after 1967 for individual doses OR ALL 3 OF THESE CRITERIA ARE MET: Measles (Rubeola) (1) ___/___/___ (2) ___/___/___ Mumps (1) ___/___/___ (2) ___/___/___ Rubella (German Measles) (1) ___/___/___ (2) ___/___/___	OR ___/___/___ Date of titer lab work indicating positive immunity
HEPATITIS B (HBV) Must receive all three doses at appropriately spaced intervals to be considered fully immunized. (1) ___/___/___ (2) ___/___/___ (3) ___/___/___	OR ___/___/___ Date of titer lab work indicating positive immunity
VARICELLA vaccine (chicken pox) (1) ___/___/___ (2) ___/___/___	OR ___/___/___ Date of titer lab work indicating positive immunity
Influenza vaccine – This must be completed annually ___/___/___	

PART 3: TUBERCULOSIS TEST - - Upon entering the health and human services program, Student **MUST** have a negative two step TB test (TST) **OR** a negative Interferon-Gamma Releases Assay (IGRA) blood test. After that time the student must complete a yearly TB test by either doing the IGRA or the TST).

SECTION A: TUBERCULIN TEST upon entry into health & human services program (skin test **OR** blood test)

Two Step Skin Test: Date Placed ___/___/___ Date Read: ___/___/___ Result: Negative Positive
 Date Placed ___/___/___ Date Read: ___/___/___ Result: Negative Positive

OR

Blood Test (IGRA): Date ___/___/___ Negative Positive

SECTION B: TUBERCULIN TEST – must be completed annually after above listed testing in Section A

Skin Test: Date Placed ___/___/___ Date Read: ___/___/___ Result: Negative Positive

OR

Blood Test (IGRA): Date ___/___/___ Negative Positive

Section C: Chest X-Ray - - this section is ONLY for students who have experienced a positive TB. If students have had a positive TB test, they must provide the date of their last chest x-ray, along with a letter from a healthcare provider indicating they are medically cleared to provide direct patient care.

Date of Chest X-Ray ___/___/___

Letter from healthcare provider attached:

PART 4: HEALTHCARE PROVIDER INFORMATION AND SIGNATURE, ALL INFORMATION REQUIRED

Printed Name and Title			
Name of Practice or Clinic			
Address			
Phone Number			
Healthcare Provider Signature indicating the above information is accurate.		DATE	

This record must be attached to the Health Screening Form as a PDF and will be kept on file as verification of the student's immunization record for clinical participation.

PART 5 – IMMUNIZATION RENEWAL DOCUMENTATION

**** **ONLY** use this page for your updated immunizations. This must be submitted with your previously completed page 1 and 2 ****

ANNUAL TUBERCULIN TEST RENEWAL		HEALTHCARE PROVIDER INFORMATION & SIGNATURE	
Date: _____ Results: _____	Name & Title		
	Facility Name		
	Facility Address		
	Phone #		
	Healthcare Provider signature		
Date: _____ Results: _____	Name & Title		
	Facility Name		
	Facility Address		
	Phone #		
	Healthcare Provider signature		
ANNUAL INFLUENZA VACCINE RENEWAL		HEALTHCARE PROVIDER INFORMATION & SIGNATURE	
Date: _____	Name & Title		
	Facility Name		
	Facility Address		
	Phone #		
	Healthcare Provider signature		
Date: _____	Name & Title		
	Facility Name		
	Facility Address		
	Phone #		
	Healthcare Provider signature		
TETANUS-DIPHTHERIA RENEWAL		HEALTHCARE PROVIDER INFORMATION & SIGNATURE	
Date: _____ Td or Tdap (circle one)	Name & Title		
	Facility Name		
	Facility Address		
	Phone #		
	Healthcare Provider signature		